



## *Continuing Education Program*

### **Needs Assessment**

As a progressive educational entity, we will continuously assess our organizations educational needs for the purpose of providing quality EMS Education and Training for our students. We will accomplish our goals by adhering to the following key areas:

- EMS Assessment/Treatment Trend changes
- Field Personnel Educational Surveys
- Continuous Quality Improvement (CQI)

#### **EMS Assessment/Treatment/Legal Trend changes:**

This particular area of educational needs assessment is based on research and information provided to us by other EMS organizations, governmental and private agencies (I.e. LACo. EMS Agency, California EMSA, National Registry, Etc.), and EMS related associations (I.e. American Heart Association, National Association of EMT's, National Safety Council, etc.) regarding periodic updates in EMS technologies and medical knowledge. Topics covered under this type of educational needs assessment may include:

- BLS Expanded Scope (LA Co. Ref. #802)
- DNR Recognition
- Automatic External Defibrillator
- CPR Recertification (AHA)
- Medical/Legal Considerations
- Advanced Cardiac Life Support
- Pediatric Advanced Life Support

#### **Field Personnel Educational Surveys (FPE):**

As prominent members of the EMS Community, we understand the importance of listening to the recommendations of the EMT's, Paramedics, and MICN's who work with the public on a daily basis. Through FPE Surveys, our organization will have the ability to evaluate and implement the educational ideas brought to us by our colleagues that reflect the "field perspective" of EMS. While strictly on a voluntary basis, we shall solicit the assistance of the men and women in the field by distributing FPE surveys to our past, current, and future

students via US Mail, e mail, etc. The following topics reflect those that we would expect to be affected by this type of educational needs assessment:

- Patient Assessment
- Patient Care Simulations
- Splinting and Spinal Immobilization
- Diabetic Patient Assessment and Treatment
- Communicable Disease Recognition and Prevention
- OB/GYN and Emergency Childbirth
- ACLS Preparatory
- ECG Recognition
- 12 Lead ECG Application/Recognition

### **Continuous Quality Improvement (CQI):**

Through a coordinated effort between our Clinical Coordinator, principle instructors, and skills instructors, we will be continuously evaluating the educational needs of both our organization and the students that we serve. We will accomplish this goal using a variety of methods to include:

- Annual Course Content Review Committee (CCRC)
  - Student Course Evaluations
  - Quarterly Instructor Comments (QIC)
1. Annual Course Content Review Committee (CCRC) - comprised of a diverse cadre of company instructors, EMS field personnel, physicians, and members of the public. The CCRC primary purpose is to review the courses provided in the previous year, and make recommendations for improvements based on current DOT/EMSA guidelines.
  2. Student Course Evaluations – provide a media for our students to provide comments following the completion of each course for the common purpose of making improvements in our current program format for future students.
  3. Quarterly Instructor Comments (QIC) – provide a media for our instructors to make recommendations for course content and program improvements based on their respective experiences during the last quarter year.

### **Conclusion:**

Our organization is dedicated to any improvements in the standards of patient care delivered by prehospital care providers. We feel that these improvements can only be accomplished through regular/quality EMS education and training that adheres to the most current field treatment information. Our high standards shall be maintained by regular periodic review of our educational programs while utilizing input received from our student, instructors, and colleagues.



## Continuing Education Program

### Field Personnel Educational Survey

Please take the time to assist us in developing our educational programs by completing this survey. Your answers are extremely important to us and will be used by our Curriculum Review Committee to assist us in current and future program development. Thank you for your dedication to the improvement of EMS Education.

1. Is there any material that you feel is regularly overlooked by ours or other EMS educational organizations? YES NO (If no, please explain)

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2. Are there any skills that you have not practiced regularly and feel that you may not be able to perform if required to do so in an emergency? YES NO (If no, please explain)

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3. Where do you currently work? (Check all that apply)

- Private Ambulance
- Fire Department (Paid/Professional)
- Fire Department (Volunteer)
- Hospital
- Search and Rescue
- Police/Sheriff
- Film/Set Medic
- Other (specify): \_\_\_\_\_

4. What courses from the following list would you be interested in attending in the near future? (Check all that apply)

- Communicable Disease Recognition and Prevention
- Patient Care Scenarios
- OB/GYN and Emergency Childbirth
- ECG Recognition (3 lead basic)
- ECG Recognition (12 lead advanced)
- EMT Skills Review
- Basic and Advanced Airway Management
- Long Bone Splinting

5. Are you a Nationally Registered EMT or Paramedic?
- Yes
  - No
6. Would you be interested in courses designed to assist you in preparing for the National Registry written and/or skills exam?
- Yes
  - No
7. Would you be interested in internet or media based educational courses?
- Yes
  - No
8. Are you currently certified in one or more of the following areas? (Check all that apply)
- BCLS (Health Care Provider)
  - ACLS
  - PALS
  - BTLS
  - PHTLS
  - Other (specify): \_\_\_\_\_
9. Would you be interested in any course designed to prepare you for ACLS and/or PALS certification?
- Yes
  - No
10. Would you be interested in providing us with your information so that we may contact you regarding our current and future educational opportunities?
- Yes
    - Name: \_\_\_\_\_
    - Address: \_\_\_\_\_
    - City: \_\_\_\_\_
    - State/Zip: \_\_\_\_\_
    - Phone: \_\_\_\_\_
    - E mail: \_\_\_\_\_
  - No, thanks!